

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

HAWAII REPUBLICAN PARTY

ADDRESS (number and street)

725 Kapiolani Blvd., #C-105

☐Check if different  
than previously  
reported. (ACC)

HONOLULU

HI

96813

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00085506

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2009

through

05

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Katherine Thomason

Signature of Treasurer

Electronically Filed by Katherine Thomason

Date

06

08

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
HAWAII REPUBLICAN PARTY

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 3 | 1 | 2 | 0 | 0 | 9 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>2009</span>   |                         | 164713.68                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 176066.29               |                                   |
| (c) Total Receipts (from Line 19) .....  | 22204.74                | 235137.80                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 198271.03               | 399851.48                         |
| 7. Total Disbursements (from Line 31) .....  | 35173.24                | 236753.69                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 163097.79               | 163097.79                         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HAWAII REPUBLICAN PARTY

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 3 | 1 | 2 | 0 | 0 | 9 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 8215.00                       | 143615.00                         |
| (i) Itemized (use Schedule A) .....  | 9105.00                       | 63905.16                          |
| (ii) Unitemized .....  | 17320.00                      | 207520.16                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡   | 17320.00                      | 207520.16                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 200.00                            |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 409.66                        | 2006.97                           |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 4475.08                       | 25410.67                          |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 4475.08                       | 25410.67                          |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 22204.74                      | 235137.80                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 17729.66                      | 209727.13                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                               |                                   |
| (i) Federal Share.....   | 1189.58                       | 6754.73                           |
| (ii) Non-Federal Share.....  | 4475.08                       | 25410.67                          |
| (b) Other Federal Operating Expenditures.....  | 29508.58                      | 202548.29                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡                        | 35173.24                      | 234713.69                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 2040.00                           |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                          | 2040.00                           |
| 29. Other Disbursements.....   | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share .....   | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 35173.24                      | 236753.69                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 30698.16                      | 211343.02                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 17320.00                      | 207520.16                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 2040.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 17320.00                      | 205480.16                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 30698.16                      | 209303.02                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 200.00                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 30698.16                      | 209103.02                         |

Form/Schedule : **F3XN**

Transaction ID :

There are no expenditures or disbursements for public communications that refer to a clearly identified candidate for Federal office or that promote, support, attack or oppose any candidate for Federal office as defined under aa CFR section 100.24. Further, there are no public communications that contain express advocacy as defined under 11 CFR section 100.22. There is no portion of any expenditure made on behalf of a specifically identified Federal candidate under 11 CFR section 104.3(b) and 106.-1.

There were no salary or wage payments as defined under 11 CFR section 100.24 and required to be reported on Schedule B Line 30(b) of the Detailed Summary Page.

Note: 100% of all salary is reported on Line 21(b) unless an employee of the State Party spends more than 25% of their time during that month on activities in connection with the Federal Election activity.

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Lei Austin-Fagan

Mailing Address 95 Kaupea St

City

Makawao

State

HI

Zip Code

96768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Makawao Elementary

Occupation  
Teacher

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.67699

Amount of Each Receipt this Period

50.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Bass

Mailing Address 917 Kapapala Pl

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67631

Amount of Each Receipt this Period

120.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

David Bateman

Mailing Address 78-1136 Bishop Rd

City

Holualoa

State

HI

Zip Code

96726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Coffee Farmer

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.67520

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Arnold Brady

Mailing Address P{O Box 161062

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Consultant

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67639

Amount of Each Receipt this Period

130.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Arnold Brady

Mailing Address P{O Box 161062

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Consultant

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67640

Amount of Each Receipt this Period

120.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Corinne Ching

Mailing Address 2040 Nuuanu Ave 1401

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Legislature

Occupation  
Representative

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67647

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Kenny Cochran

Mailing Address 350 Auwihala Rd

City

Kailua

State

HI

Zip Code

96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Army

Occupation

Safety Health Manager

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.67611

Amount of Each Receipt this Period

310.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Darlene Corn

Mailing Address 86-364 Hale Elua St

City

Waianae

State

HI

Zip Code

96792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Child Welfare Services

Occupation

Secretary

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67648

Amount of Each Receipt this Period

25.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Tania Cortez-Camero

Mailing Address 1483 Pukana Pl

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Student

Occupation

College Rep

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.67614

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Susan Endo

Mailing Address 84-620 Manuku St

City

Waianae

State

HI

Zip Code

96792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemakerOccupation  
homemaker

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67650

Amount of Each Receipt this Period

50.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Charles Ensey

Mailing Address PO Box 47

City

Papaikou

State

HI

Zip Code

96781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Farmer

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67653

Amount of Each Receipt this Period

120.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Richard Fale

Mailing Address 53-018 Makao Rd # B

City

Hauula

State

HI

Zip Code

96717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U S ArmyOccupation  
Military

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.67554

Amount of Each Receipt this Period

120.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

290.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

Russell Figueiroa

Mailing Address 91-1085 Aipoola St

City

Ewa Beach

State

HI

Zip Code

96706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RM Towill CorporationOccupation  
President

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.67697

Amount of Each Receipt this Period

3150.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Gregg Geary

Mailing Address 1551 Noe St

City

Honolulu

State

HI

Zip Code

96819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of HIOccupation  
Librarian

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.67556

Amount of Each Receipt this Period

120.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Cherlita Gutteling

Mailing Address 153 Honolii Pali Pl

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67658

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

3370.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A.

Full Name (Last, First, Middle Initial)

David Hamman

Mailing Address PO Box 223454

City

Princeville

State

HI

Zip Code

96722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Integrity Construction Se-  
rvicesOccupation  
President

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67661

Amount of Each Receipt this Period

120.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sarah Ann Hunt

Mailing Address 2101 Nuuanu Ave # 307

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chaminade University

Occupation

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67664

Amount of Each Receipt this Period

195.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Shari Kimoto-Kauwai

Mailing Address 92-513 Awawa Pl

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of HawaiiOccupation  
Managerial

Receipt For:

2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67672

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

380.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Aaron Lee

Mailing Address 1192 Malawaina Pl

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Camry 21 Au Islands Realt-  
or

Occupation  
Agent

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.67574

Amount of Each Receipt this Period

120.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Diane Logsdon

Mailing Address 267 Kulamanu Cir

City

Kula

State

HI

Zip Code

96790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
Retired

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67676

Amount of Each Receipt this Period

35.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ramon Madden

Mailing Address 4242 Lower Honoapiilani Rd # E702

City

Lahaina

State

HI

Zip Code

96761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kobe Steak House

Occupation  
Teppan Cook

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.67534

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Nick McDaniel

Mailing Address PO Box 47

City

Papaiko

State

HI

Zip Code

96781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67680

Amount of Each Receipt this Period

120.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Andrew Mertz

Mailing Address PO Box 10730

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Andy's Pool Service

Occupation  
Pool Cleaner

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.67537

Amount of Each Receipt this Period

120.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Pennylynn Ontai

Mailing Address 94-303 Nanamua Pl

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Castle Medical Center

Occupation  
Administrator

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.67577

Amount of Each Receipt this Period

35.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Pennylynn Ontai

Mailing Address 94-303 Nanamua Pl

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Castle Medical Center

Occupation

Administrator

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.67578

Amount of Each Receipt this Period

120.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Lois Penaroza

Mailing Address 1615 Wilhelmina Rise

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.67584

Amount of Each Receipt this Period

120.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kymberly Pine

Mailing Address 91-1017 Kaiamalo St

City

Ewa Beach

State

HI

Zip Code

96706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Hawaii

Occupation

Representative

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.67622

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Norma Reyes

Mailing Address 98-080 Uao Pl, B12

City

Aiea

State

HI

Zip Code

96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOHI OCB

Occupation

Office Manager

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67685

Amount of Each Receipt this Period

260.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Marie Ruhland

Mailing Address 28 Makakai Pl

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Businessman

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67687

Amount of Each Receipt this Period

100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Margaret Scow

Mailing Address 95-239 Auhaele Loop

City

Mililani

State

HI

Zip Code

96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAA Drywall & Masonry

Occupation

Owner

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.67588

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Marie Sheldon

Mailing Address 92-1413 Palahia St

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kessner, Umehayashi, Bain &  
Matsunaga

Occupation

Atty

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67689

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Franklin Souza

Mailing Address 92-848 Palailai St

City

Kapolei

State

HI

Zip Code

96707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franklin Painting

Occupation

Painter

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67691

Amount of Each Receipt this Period

120.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Tsuya Takahashi

Mailing Address 1252 B Hunakai St

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.67562

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Maurice Yamasato

Mailing Address 1726 Oheke PI

City

Honolulu

State

HI

Zip Code

96819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yamasato, et al

Occupation  
Attorney

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.67703

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Yamashita

Mailing Address 94-425 Lakau PI

City

Waipahu

State

HI

Zip Code

96797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept of Attorney General

Occupation  
Chief Special Agent

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.67694

Amount of Each Receipt this Period

50.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

8215.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 38

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

Jean Banker

Mailing Address PO Box 1086

City

Kamuela

State

HI

Zip Code

96743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA17.67709

Amount of Each Receipt this Period

332.87

332.87

**B.**

Full Name (Last, First, Middle Initial)

BANK OF HAWAII

Mailing Address P.O BOX 2900

City

Honolulu

State

HI

Zip Code

96846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1362.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA17.67710

Amount of Each Receipt this Period

13.97

Interest

**C.**

Full Name (Last, First, Middle Initial)

BANK OF HAWAII

Mailing Address P.O BOX 2900

City

Honolulu

State

HI

Zip Code

96846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1363.54

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: SA17.67711

Amount of Each Receipt this Period

1.17

Interest

**SUBTOTAL** of Receipts This Page (optional) .....

348.01

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 38

(check only one)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12            |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input checked="" type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)

CENTRAL PACIFIC BANK

Mailing Address PO BOX 135010

City

HONOLULU

State

HI

Zip Code

96801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

310.56

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: SA17.67708

Amount of Each Receipt this Period

61.65

Interest

SUBTOTAL of Receipts This Page (optional) .....

61.65

TOTAL This Period (last page this line number only) .....

409.66

|   |     |  |     |  |     |  |     |  |    |  |     |
|---|-----|--|-----|--|-----|--|-----|--|----|--|-----|
| X | 21b |  | 22  |  | 23  |  | 24  |  | 25 |  | 26  |
|   | 27  |  | 28a |  | 28b |  | 28c |  | 29 |  | 30b |

NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 38

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
Joanne Bretschneider

Mailing Address 725 Kapiolani Blvd 2702

City Honolulu State HI Zip Code 96813

Purpose of Disbursement  
CELL PHONE

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.67718

Date of Disbursement

05 / 11 / 2009

Amount of Each Disbursement this Period

50.54

**B.**

Full Name (Last, First, Middle Initial)  
VERIZON WIRELESS

Mailing Address PO Box 9622

City Mission Hills State CA Zip Code 91346

Purpose of Disbursement  
Cell Phone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.67718.0

Date of Disbursement

05 / 11 / 2009

Amount of Each Disbursement this Period

50.54

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Joanne Bretschneider

Mailing Address 725 Kapiolani Blvd 2702

City Honolulu State HI Zip Code 96813

Purpose of Disbursement  
SALARY

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.67745

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

1466.19

**SUBTOTAL** of Disbursements This Page (optional) .....

1516.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 38

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Joanne Bretschneider   | <b>Transaction ID:</b> SB21B.67722<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 725 Kapiolani Blvd 2702  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Honolulu State HI Zip Code 96813  | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>TAXI FARE   | <table border="1"> <tr> <td>35.00</td> </tr> </table>   | 35.00   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 35.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Joanne Bretschneider   | <b>Transaction ID:</b> SB21B.67749<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 725 Kapiolani Blvd 2702  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 9 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 2 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Honolulu State HI Zip Code 96813  | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>SALARY  | <table border="1"> <tr> <td>1466.19</td> </tr> </table>   | 1466.19 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1466.19  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Steven Bretschneider   | <b>Transaction ID:</b> SB21B.67713<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 725 Kapiolani Blvd 2702  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 1 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 0 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Honolulu State HI Zip Code 96813  | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PARKING   | <table border="1"> <tr> <td>125.00</td> </tr> </table>  | 125.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 125.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

1626.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 38

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CENTRAL PACIFIC BANK</p> <p>Mailing Address PO BOX 135010</p> <p>City HONOLULU State HI Zip Code 96801</p> <p>Purpose of Disbursement<br/>Closing Costs for Mortgage Refinance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB21B.67754</p> <p>Date of Disbursement<br/>05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1141.17</p> <p>001<br/>Category/<br/>Type</p>                            |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CHASE CARD SERVICES</p> <p>Mailing Address CARDMEMBER SERVICE<br/>PO BOX 94014</p> <p>City PALATINE State IL Zip Code 60094</p> <p>Purpose of Disbursement<br/>CREDIT CARD PURCHASES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.67740</p> <p>Date of Disbursement<br/>05 / 21 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4737.15</p> <p>001<br/>Category/<br/>Type</p>                            |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Fisher Hawaii</p> <p>Mailing Address 450 Cooke St.</p> <p>City Honolulu State HI Zip Code 96813</p> <p>Purpose of Disbursement<br/>Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                   | <p><b>Transaction ID:</b> SB21B.67740.5</p> <p>Date of Disbursement<br/>05 / 21 / 2009</p> <p>Amount of Each Disbursement this Period<br/>195.02</p> <p>001<br/>Category/<br/>Type</p> <p><b>[MEMO ITEM]</b></p> |

**SUBTOTAL** of Disbursements This Page (optional) .....

5878.32

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY**A.**Full Name (Last, First, Middle Initial)  
SaveOnConferences

Mailing Address PO Box 404351

City Atlanta State GA Zip Code 30384-4351

Purpose of Disbursement  
Conference Calls

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67740.7

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

288.90

**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
SPRINT

Mailing Address PO BOX 219100

City KANSAS CITY State MO Zip Code 64121

Purpose of Disbursement  
Long Distance

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67740.8

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

37.63

**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
OCEANIC CABLE

Mailing Address P.O. BOX 30050

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement  
Cable

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67740.10

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

124.05

**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 38

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN CARPET ONE

Mailing Address 302 SAND ISLAND ACCESS RD.

City HONOLULU State HI Zip Code 96819

Purpose of Disbursement  
Deposit for carpet tiles

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.67740.11  
Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
STORQUEST - KAKA AKO

Mailing Address 850 KAWAIAHAO ST #4

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement  
Storage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.67740.13  
Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

183.25

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Able Pest Exterminators

Mailing Address PO Box 1598

City Aiea State HI Zip Code 96701

Purpose of Disbursement  
Pest Maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.67740.14  
Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

157.07

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 38

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address Honolulu Airport

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
Travel Fees

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67740.17

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
Hawaiian Airlines

Mailing Address Honolulu International Airport

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
Airfare

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67740.18

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

253.50

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Hawaiian Airlines

Mailing Address Honolulu International Airport

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
Airline Fees

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67740.19

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
USPS-DOWNTOWN

Mailing Address 335 MERCHANT ST.

City HONOLULU State HI Zip Code 96813-9998

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67740.20  
Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

24.01

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)  
COMPLETE CAMPAIGNS.COM

Mailing Address 3635 RUFFIN RD, THIRD FLOOR

City SAN DIEGO State CA Zip Code 92123

Purpose of Disbursement  
WEB DATABASE

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67728  
Date of Disbursement

05 / 06 / 2009

Amount of Each Disbursement this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)  
ADAM DEGUIRE

Mailing Address 725 KAPIOLANI BLVD #C-105

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement  
SALARY

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67746  
Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

1564.77

**SUBTOTAL** of Disbursements This Page (optional) .....

1964.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
ADAM DEGUIRE

Mailing Address 725 KAPIOLANI BLVD #C-105

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement  
CELL PHONE

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.67723

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)  
T- MOBILE

Mailing Address P.O. BOX 51843

City LOS ANGELES State CA Zip Code 90051-6143

Purpose of Disbursement  
Cell Phone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.67723.0

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

70.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
ADAM DEGUIRE

Mailing Address 725 KAPIOLANI BLVD #C-105

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement  
SALARY

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.67750

Date of Disbursement

05 / 29 / 2009

Amount of Each Disbursement this Period

1564.77

**SUBTOTAL** of Disbursements This Page (optional) .....

1634.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 38

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
EDWARD ENTERPRISES INC.

Mailing Address PO BOX 30468

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement  
PRINTING-BUSINESS CARDS

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.67720

Date of Disbursement

05 / 11 / 2009

Amount of Each Disbursement this Period

94.24

**B.**

Full Name (Last, First, Middle Initial)  
EDWARD ENTERPRISES INC.

Mailing Address PO BOX 30468

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement  
PRINTING

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.67726

Date of Disbursement

05 / 26 / 2009

Amount of Each Disbursement this Period

785.34

**C.**

Full Name (Last, First, Middle Initial)  
EDWARD ENTERPRISES INC.

Mailing Address PO BOX 30468

City HONOLULU State HI Zip Code 96820

Purpose of Disbursement  
PRINTING LETTER FROM CHAIR

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.67727

Date of Disbursement

05 / 26 / 2009

Amount of Each Disbursement this Period

261.78

**SUBTOTAL** of Disbursements This Page (optional) .....

1141.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>EFTPS  | <b>Transaction ID:</b> SB21B.67733<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. BOX 173788  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 5 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City DENVER State CO Zip Code 80217-3788   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL TAX   | <table border="1"> <tr> <td colspan="10">2105.26</td> </tr> </table>  | 2105.26 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2105.26  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>EFTPS  | <b>Transaction ID:</b> SB21B.67737<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. BOX 173788  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 3 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 1 | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City DENVER State CO Zip Code 80217-3788   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>PAYROLL TAX   | <table border="1"> <tr> <td colspan="10">2105.26</td> </tr> </table>  | 2105.26 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2105.26  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>William Finlay   | <b>Transaction ID:</b> SB21B.67744<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4717 Halehoola PI  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 5 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 1 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Honolulu State HI Zip Code 96816  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>SALARY  | <table border="1"> <tr> <td colspan="10">1375.93</td> </tr> </table>  | 1375.93 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1375.93  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

**5586.45**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 38

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>William Finlay  | <b>Transaction ID:</b> SB21B.67748<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4717 Halehoola PI  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 9 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 2 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Honolulu State HI Zip Code 96816  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>SALARY<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">1375.93</td> </tr> </table>  | 1375.93 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1375.93  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>HAWAIIAN TELCOM   | <b>Transaction ID:</b> SB21B.67741<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO BOX 30770   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 1 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City HONOLULU State HI Zip Code 96820  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>TELEPHONE<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">547.13</td> </tr> </table>   | 547.13  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 547.13   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>HAWAII BALLOON CO.  | <b>Transaction ID:</b> SB21B.67719<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. BOX 245044  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 1 |  | 2 | 0 | 0 | 9 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 5   |         | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City HONOLULU State HI Zip Code 96824  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>BALLOONS<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">460.73</td> </tr> </table>   | 460.73  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 460.73   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

2383.79

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
HAWAII STATE TAX COLLECTOR

Mailing Address P.O. BOX 3559

City Honolulu State HI Zip Code 96811-3559

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67736

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

959.74

**B.**

Full Name (Last, First, Middle Initial)  
CATHERINE M. HAYES

Mailing Address 725 KAPIOLANI BLVD #C-105

City HONOLULU State HI Zip Code 96819

Purpose of Disbursement  
SALARY

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67747

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

1417.02

**C.**

Full Name (Last, First, Middle Initial)  
CATHERINE M. HAYES

Mailing Address 725 KAPIOLANI BLVD #C-105

City HONOLULU State HI Zip Code 96819

Purpose of Disbursement  
CELL PHONE

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.67724

Date of Disbursement

05 / 21 / 2009

Amount of Each Disbursement this Period

40.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2416.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 38

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

|  |  |
|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MOBI PCS  | <b>Transaction ID:</b> SB21B.67724.0<br><b>Date of Disbursement</b>        |
| Mailing Address 1467 South King Street   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 0 9</div> </div> |
| City Honolulu State HI Zip Code 96814  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>Cell Phone<br>Candidate Name <div>001<br/>Category/<br/>Type</div>  | <div>40.00</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | <b>[MEMO ITEM]</b>   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>CATHERINE M. HAYES  | <b>Transaction ID:</b> SB21B.67751<br><b>Date of Disbursement</b>          |
| Mailing Address 725 KAPIOLANI BLVD #C-105  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div> |
| City HONOLULU State HI Zip Code 96819  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>SALARY<br>Candidate Name <div>001<br/>Category/<br/>Type</div>  | <div>1417.02</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>HEARTLAND PAYMENT SYSTEM  | <b>Transaction ID:</b> SB21B.67743<br><b>Date of Disbursement</b>          |
| Mailing Address 1437 YOUNGSTOWN CENTER HWY 62  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 9</div> </div> |
| City JEFFERSONVILLE State IN Zip Code 47130  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement<br>MERCHANT SERVICES<br>Candidate Name <div>001<br/>Category/<br/>Type</div>   | <div>524.35</div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

**SUBTOTAL** of Disbursements This Page (optional) .....

1941.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 38

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

|  |  |
|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>HEARTLAND PAYMENT SYSTEM  | <b>Transaction ID:</b> SB21B.67729<br><b>Date of Disbursement</b>  |
| Mailing Address 1437 YOUNGSTOWN CENTER HWY 62  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 9</div> </div>   |
| City State Zip Code<br>JEFFERSONVILLE IN 47130   | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>RENTAL EQUIPMENT<br>Candidate Name  | <div> <div>26.00</div> <div>001</div> <div>Category/Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>IMS, INC.   | <b>Transaction ID:</b> SB21B.67716<br><b>Date of Disbursement</b>  |
| Mailing Address 46-001 KAMEHAMEHA HWY SUITE 201  | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 8 / 2 0 0 9</div> </div>   |
| City State Zip Code<br>Kaneohe HI 96744  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>ACCOUNTING SERVICES<br>Candidate Name   | <div> <div>1884.82</div> <div>001</div> <div>Category/Type</div> </div>  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>ISLAND VIRTUAL LLC  | <b>Transaction ID:</b> SB21B.67717<br><b>Date of Disbursement</b>  |
| Mailing Address 84-171A WATER STREET   | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 9</div> </div>   |
| City State Zip Code<br>Waianae HI 96792  | <b>Amount of Each Disbursement this Period</b>   |
| Purpose of Disbursement<br>WEBSITE UPDATES<br>Candidate Name   | <div> <div>251.12</div> <div>001</div> <div>Category/Type</div> </div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

**2161.94**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 38

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

**A.**

Full Name (Last, First, Middle Initial)  
Cynthia Lee

Mailing Address 725 Kapiolani  
Apt 2701

City Honolulu State HI Zip Code 96813

Purpose of Disbursement  
PARKING

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.67714

Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)  
R&K MAINTENANCE

Mailing Address 442 KAHA STREET

City KAILUA State HI Zip Code 96734

Purpose of Disbursement  
CLEANING

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.67715

Date of Disbursement

05 / 06 / 2009

Amount of Each Disbursement this Period

94.24

**C.**

Full Name (Last, First, Middle Initial)  
SIGNS BY DEY

Mailing Address 320 WARD AVE. #116

City HONOLULU State HI Zip Code 96814

Purpose of Disbursement  
BANNER

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.67721

Date of Disbursement

05 / 18 / 2009

Amount of Each Disbursement this Period

762.30

**SUBTOTAL** of Disbursements This Page (optional) .....

981.54

**TOTAL** This Period (last page this line number only) .....

29408.50

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 37 / 38  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

NAME OF ACCOUNT  
 State and Local Ac-  
 count - Bank of HI

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

4475.08

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

4475.08

Transaction ID: H3.67712

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

4475.08

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

4475.08

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 38 / 38

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

**A. Full Name (Last, First, Middle Initial)**  
HAWAII MEDICAL SERVICE ASSOC.

Mailing Address

P.O. BOX 29330

| City     | State | Zip Code |
|----------|-------|----------|
| Honolulu | HI    | 96820    |

001

Purpose of Disbursement:  
Health Insurance

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

27518.94

Date 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

 / 

|   |   |
|---|---|
| D | D |
| 0 | 1 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

Transaction ID: H4.67704

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

213.82

804.38

1018.20

**B. Full Name (Last, First, Middle Initial)**  
CENTRAL PACIFIC BANK

Mailing Address

PO BOX 135010

| City     | State | Zip Code |
|----------|-------|----------|
| HONOLULU | HI    | 96801    |

001

Purpose of Disbursement:  
Mortgage

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

29673.89

Date 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

 / 

|   |   |
|---|---|
| D | D |
| 0 | 1 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

Transaction ID: H4.67705

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

452.54

1702.41

2154.95

**C. Full Name (Last, First, Middle Initial)**  
THE IMPERIAL PLAZA

Mailing Address

711 KAPIOLANI BLVD, SUITE 700

| City     | State | Zip Code |
|----------|-------|----------|
| Honolulu | HI    | 96813    |

001

Purpose of Disbursement:  
Maintenance & Utilities

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

32165.40

Date 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

 / 

|   |   |
|---|---|
| D | D |
| 0 | 1 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

Transaction ID: H4.67706

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

523.22

1968.29

2491.51

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1189.58

4475.08

5664.66

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

1189.58

4475.08

5664.66